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Benefits and Barriers to Evidence-Based Behavioral Health Services for Children with ADHD: Provider Perspective

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Specific Aims

To identify and describe:

- Key barriers associated with low utilization of behavioral therapy among young children (2-7 years of age) with ADHD
- State and community programs that result in higher rates of behavioral therapy among young children with ADHD

Approach

- Parent focus groups
- Key informant interviews with providers
- Key informant interviews with model programs across the country



Specific Aims

- The American Academy of Pediatrics (AAP) recommends behavioral therapy as first-line treatment for young children with ADHD
- Findings in Georgia and nationally suggest a misalignment between current practice and best practice for ADHD treatment
- To identify and describe the key barriers *for providers* associated with low utilization of behavioral therapy among young children (2-7 years of age) diagnosed with ADHD



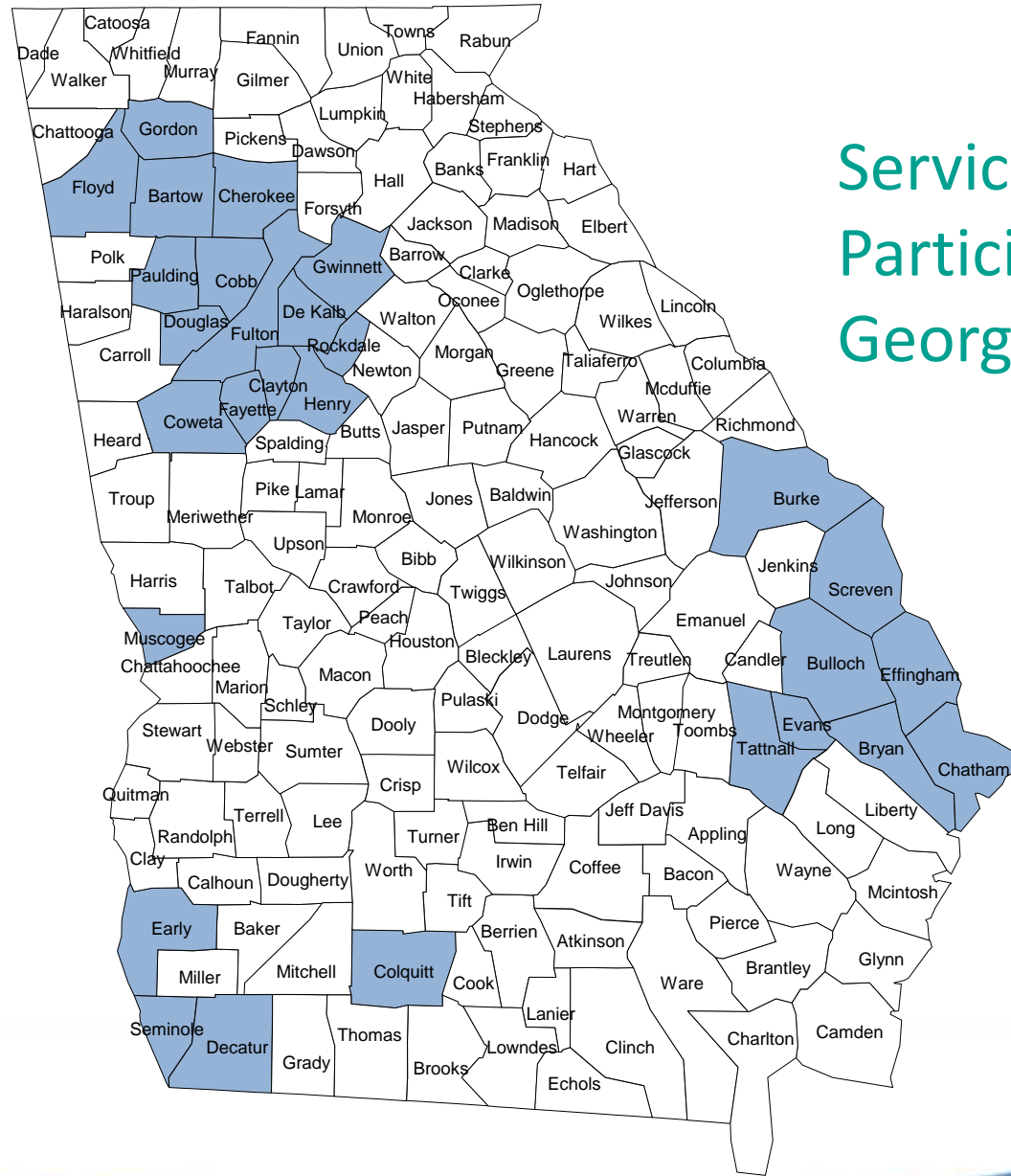
Parent Focus Group Themes



- Parents identified the following areas of key concern:
 - Lack of coordinated care for children
 - Cost and availability of quality treatment
 - The need to work with both the healthcare and education systems to increase their understanding of ADHD and the value of behavioral treatment



Service Areas of Participating Georgia Providers



Types of Healthcare Providers Interviewed

Providers	Number interviewed
General Pediatrician	3
Developmental/Behavioral Pediatrician	2
Psychiatrist	1
Psychologist	5
Licensed Therapist/ Counselor/Social Worker/ Behavioral Analyst	6
TOTAL:	17



Interview Questions

- Questions related to Awareness, Access, Barriers and Benefits of treatment for ADHD.
 - Behavioral treatments
 - Medications
 - Services available through schools
 - Referrals
 - Financial Barriers
 - Perceived parental barriers to treatment



Key Themes

- **Provider Barriers**
 - Integrative Care
 - Lack of knowledge/awareness of referral services
 - Financial/low reimbursement rates
 - Differing levels of parent engagement with school systems
 - Parental engagement with training/time commitment to therapy
- **Perceived parental barriers**
 - Stigma
 - Lack of knowledge/awareness of services
 - Parent preferences for medication/dedication to behavioral therapy
 - Lack of insurance coverage



Behavioral Therapy

- Behavioral therapy helps the symptoms fade away gradually and teaches coping/management skills.
- After-school programs, play therapy, etc., were reported as helpful, although EBPs were not reported by name.
- Specialists say group or parent-involved therapy is most beneficial, but they need caretakers' commitment.
- There are limited referral pathways to behavioral therapy providers in many geographic areas.



School Services

- Some parents do not want the school to know about their child's medication to avoid labelling.
- Some parents have to push the school to recognize their child's behavioral challenges.
- Parents are unaware of the range of services provided in the school setting and do not know they have a right to request services.
- School therapists experience different levels of engagement from parents.



Medications



- Medications have immediate benefits.
- Some parents who prefer medications struggle with short-acting medications.
- Some parents struggle with commitment to therapy and would prefer medications; others rush to medication even before trying a behavioral approach.
- Some specialty providers question correctness of ADHD medication dosing by non-specialists.



Insurance and Reimbursement

- Having insurance companies cover a larger array of behavioral services for children would be beneficial to families.
- Providers are challenged to figure out the most effective and most realistic treatment based on the family's financial/insurance status.
- Some providers (especially behavioral health providers) do not accept certain types of insurance, including Medicaid.
- Behavioral health providers and physical health care providers are reimbursed differently.
 - These financial incentives make it difficult for developmental pediatricians and other primary care providers to be reimbursed adequately for treating/addressing behavioral health concerns.



Stigma

- Providers were mixed on whether or not families still experience stigma because of ADHD.



- Providers said diagnosis could happen earlier if parents could overcome stigma.
- Providers believe more stigma is attached to learning disabilities.
- Some providers report that families in rural areas prefer to go out of town for behavioral health care.



IDT Provider ADHD Work-2017

- The CDC, DBHDD, and DCH partnered to explore the ability of Georgia providers to meet the treatment needs of young children with ADHD
- Created *The Child and Family Treatment Survey*
 - Asks about the EBPs for young children with ADHD
 - Asks about *components* of these EBPs
- Will be distributed state-wide to behavioral health providers
- As an incentive, a webinar will be offered with CEUs
 - Brief overview of the EBPs
 - Information about billing for services
 - Information about parent engagement





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